

**Law Offices**  
**PAUL STEPHEN BEEBER**  
**Attorneys and Counsellors at Law**  
130 NEWBRIDGE ROAD  
HICKSVILLE, NEW YORK 11801

516-433-8882 FAX: 516-433-8932

PAUL STEPHEN BEEBER, ESQ.  
GERALD ROSENBERG, ESQ.

ALICE B. LIEBERMAN  
PARALEGAL

Date:

**INFORMATION FORM**  
**LAST WILL AND TESTAMENT**

Print Clearly

Name \_\_\_\_\_ Telephone No.(\_\_\_\_)

Address (City/State) \_\_\_\_\_ Zip code \_\_\_\_\_

**Primary Beneficiary(ies)**

1. Name \_\_\_\_\_ Telephone No.(\_\_\_\_)

Address (City/State) \_\_\_\_\_ Zip code \_\_\_\_\_

Age of Primary Beneficiary \_\_\_\_\_ Date of Birth of Primary Beneficiary \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone No.(\_\_\_\_)

Address (City/State) \_\_\_\_\_ Zip code \_\_\_\_\_

Age of Primary Beneficiary \_\_\_\_\_ Date of Birth of Primary Beneficiary \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone No.(\_\_\_\_)

Address (City/State) \_\_\_\_\_ Zip code \_\_\_\_\_

Age of Primary Beneficiary \_\_\_\_\_ Date of Birth of Primary Beneficiary \_\_\_\_\_

**Secondary Beneficiary(ies)** (In the event primary beneficiary  
is deceased)

1. Name \_\_\_\_\_ Telephone No.(\_\_\_\_)

Address (City/State) \_\_\_\_\_ Zip code \_\_\_\_\_

2. Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Telephone No.(\_\_\_\_)

Address (City/State) \_\_\_\_\_ Zip code \_\_\_\_\_

3. Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Telephone No.(\_\_\_\_)

Address (City/State)\_\_\_\_\_ Zip code

Age\_\_\_\_\_ Date of Birth

**With Regard to Primary and Secondary Beneficiaries**

Should distribution only be to survivors?

**Executor(s)**

Name\_\_\_\_\_ Telephone No.( )\_\_\_\_\_ Age

Address (City/State)\_\_\_\_\_ Zip code

**Alternate Executor(s)**

Name\_\_\_\_\_ Telephone No.( )\_\_\_\_\_ Age

Address (City/State)\_\_\_\_\_ Zip code

Name\_\_\_\_\_ Telephone No.( )\_\_\_\_\_ Age

Address (City/State)\_\_\_\_\_ Zip code

Fee:

**Trustee(s)**

Do you wish to set up a Trust?\_\_\_\_\_ If so, please indicate:

Name of Trustee\_\_\_\_\_ Telephone No.( )\_\_\_\_\_ Age

Address (City/State)\_\_\_\_\_ Zip code

**Alternate Trustee(s)**

Name of Trustee\_\_\_\_\_ Telephone No.( )\_\_\_\_\_ Age

Address (City/State)\_\_\_\_\_ Zip code

**Common Disaster Clause (re: Spouse)**

(In the event both husband & wife die at the same time)

Which spouse shall be considered the survivor for purposes of the will?

(Note: usually the spouse with the greatest assets is the survivor)

**Common Disaster Clause (re: Children)**

(In the event both testator and beneficiary die at the same time)

Who is considered the survivor? ( ) the Testator, or ( ) the Beneficiary(ies):

If one of your children should die before you, would you want the balance of your estate to go to your other child(ren), or to you, would you want the deceased child's next of kin to obtain the deceased child's share? Choose ONE below!

( ) Check here if you want your deceased child's next of kin to obtain your deceased child's share in your estate.

( ) Check here if you want your deceased child's share to be divided among your other living children.

If Beneficiaries are under the age of 18, you must have a Guardian (not spouse)

**Guardian(s)**

Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_

Address (City/State) \_\_\_\_\_ Zip code \_\_\_\_\_

Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_

Address (City/State) \_\_\_\_\_ Zip code \_\_\_\_\_

**Alternate Guardian(s)**

Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_

Address (City/State) \_\_\_\_\_ Zip code \_\_\_\_\_

Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_

Address (City/State) \_\_\_\_\_ Zip code \_\_\_\_\_

**Questions**

Do you want Executor bonded? \_\_\_\_\_ Do you want Trustee bonded? \_\_\_\_\_

Do you want Guardian bonded? \_\_\_\_\_ Should Guardian file accts. to court \_\_\_\_\_

How is your property owned? \_\_\_\_\_

Who owns the bulk of the property? \_\_\_\_\_

Do you want included a spendthrift clause? \_\_\_\_\_ (Note: This clause does not allow the beneficiary to anticipate the proceeds or to sell his interest)

Do you wish to have an In Terrorum clause? \_\_\_\_\_ (Note: This clause does not

allow a beneficiary to contest the will.)

If you are unable to participate in your health care decisions, and are placed in a persistent vegetative state, which of the following options would you direct your health care agent to choose? Check ONE.

( ) Withhold life sustaining procedures.      ( ) Keep me alive in any condition.

**Health Care Agent(s)**

(Person responsible for health care decisions if you are unable to do so.)

Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_

Address (City/State) \_\_\_\_\_ Zip code \_\_\_\_\_

**Alternate Health Care Agent(s)**

Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_

Address (City/State) \_\_\_\_\_ Zip code \_\_\_\_\_

Name \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ Age \_\_\_\_\_

Address (City/State) \_\_\_\_\_ Zip code \_\_\_\_\_

**Additional Comments**